REMARKS

Claims 1-9 remain pending. Reconsideration of the application is respectfully requested.

Claims 1-3, 6, 7 and 9 were rejected under 35 U.S.C § 102(b) as anticipated by Sammler et al. (USPN 6,544,216). The Examiner asserts, *inter alia*, that the cited reference discloses an intracardiac pumping device that is connected to cannula (14a, 14b) at its suction end. Applicant respectfully traverses. In view of the fact that the pump is shown drawing fluid in via intake openings 13 and discharging fluid via hose outlet 42 or outlet openings 49, the cannula is necessarily connected to the pump's outlet end. This is unequivocally set forth at for example col. 3, lines 28-29: "To the outlet of the pump section 12, a pump hose 14 is connected." As such, the present invention claims the diametric opposite configuration of what is shown in the cited reference thereby clearly precluding anticipation.

The Examiner additionally asserts that the reference shows inlet openings remote from the pump. Applicant again respectfully traverses. The inlet openings 13 are in fact shown to be positioned directly on the pump 10. It is the outlet opening 42, 49 that are disposed remotely from the pump. It is respectfully submitted that anticipation is therefore further precluded.

The Examiner goes on to assert that the flexible projection 46, 48 is capable of forming a spacer for keeping said inlet openings spaced apart from adjacent heart walls. Applicant respectfully traverses. In view of the fact that catheters 46 and 48 are at the end of the hose 14 that is opposite from intake openings 13, such catheters cannot possibly have any effect on the spacing of the intake openings from heart walls. It is therefore respectfully submitted that anticipation is further precluded.

Furthermore, it is to be noted that because the cited reference addresses and solves a very different problem than is addressed by the present invention, there is no motivation for reconfiguring the described pump device as would be necessary in order to conform to the structure that is being claimed herein. The cited reference addresses the problem inherent in correctly placing an intracardiac pump (col. 1, lines 43-58) for which it provides a solution in the form of a guide element (such as the balloon on the end of catheters 46, 48) that becomes entrained in the natural flow of blood **through** the heart and heart valves (col. 1, line 62 – col. 2, line 4). This necessarily requires the outlet end of the hose 14 to be positioned on the distal end

of the device, in order for the pump to be capable of pumping blood in the same direction as the natural flow of blood through the heart and heart valves once in place. In stark contrast thereto, the present invention addresses the problem of preventing damage to heart tissue by a pump drawing blood from within the heart (specification page 1, last paragraph). As such, the problems being addressed are very different and there is therefore no motivation for reconfiguring the intracardiac pump of the cited reference so as to draw blood through openings remote from the pump and to include a flexible projection that maintains the inlet openings spaced apart from adjacent tissue. In fact it would be counterproductive to draw blood through the distal end of the pump device of the cited reference in view of the intended downstream orientation of the distal end. It is therefore respectfully submitted that obviousness is also effectively avoided.

Claim 8 was rejected under 35 U.S.C § 103(a) as obvious over Sammler et al. In view of the non-obviousness of underlying independent claim 1 as was argued above, it is respectfully submitted that all claims depending therefrom similarly avoid obviousness.

In light of the above remarks, Applicant earnestly believes the application to now be in condition for allowance and respectfully requests a timely disposition thereof.

The commissioner is authorized to charge any deficiencies in fees or credit any overpayments to our Deposit Account No. 06-2425.

Respectfully submitted,

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